All instrumental aid positively objected to by patient. At 5 A. M., June 11th, head well down on the pelvic floor, but auscultation failed to detect fetal heart sounds. Situation and danger to fetus explained to mother, and consent obtained to apply forceps, which was done, and child extracted. Its appearance was peculiar, the hands and half way up the forearm, the feet and half way up the legs, were of a deep blue color, as though dipped in dye, line of demarcation sharply drawn, the remainder of the body being of a marble-like whiteness. There was absolutely no respiration, nor could any heart sounds be detected, body extremely cold, no muscular tonicity, extremities and head hanging loosely. The umbilical cord barely pulsated, so ligated and cut. Hot and cold applications, inversion, Schultze's method, flagellation, made no impression, so after ten minutes, believing the child dead, injected hypodermically 1-1500 gr. of sulphate of strychnia and 1-2000 gr. of sulphate of atropine. In about five minutes was encouraged by an occasional gasp, with perceptible heart sounds, in fifteen minutes a second hypodermic, as above, was given. One hour after birth, pulse 130, breathing regular, 30, and for the first time emitted a cry.

Case II. Primapara, aged 20. Vertex presentation, R. O. A. position. Called June 20th, 9 P. M. Membranes ruptured June 21st 2 A. M. Child born 3 A. M. Much to my surprise, no respiration, no reflex action, extremities limp. After usual manipulations, was rewarded with an occasional gasp, followed by cessation of respiration. Heart sounds very faint, about twenty-five per minute. Injected hypodermically above solutions. Same result.

Case III. Primapara, aged 19. Called October 10, 1905. First time saw patient. Diagnosis, transverse presentation, delivered by podalic version. Asphyxia. Resuscitation, after abandoning common methods, by the injection process.

These cases were particularly desperate, but am proud to say at present time are good specimens of healthful infancy.

TUBERCULOSIS OF MESENTERIC LYMPH GLANDS, SYMPTOMS OF INTUSSUSCEPTION NECESSITATING RESECTION OF THE INTESTINE.

By HARRY M. SHERMAN, M. D, San Francisco.

THE following case report includes two diagnostic opportunities, and is for other reasons as well, not uninteresting:

A girl, 8 years old, was brought to me with presumably pseudo-hypertrophic muscular paralysis. I sent her to Dr. Moffitt for a confirmation of the opinion, and for such general treatment as he deemed wise. Shortly after his first interview with her he was summoned to see her again for an abdominal condition. This began with pain and obstipation, vomiting and headache. The obstipation was at first complete and resisted cathartics, but later yielded to an enema, and from that time there was diarrhea, small muco-sanguinolent stools being voided two, three or four times a day. Furthermore, a rounded mass about 8 cm. in diameter could be felt in the abdomen, just below the umbilicus. A diagnosis of probable intussusception was made and the child was transferred back to me and sent to the Children's Hospital.

When I saw the child at the hospital she was quiet. There were no peritoneal facies, the belly was flat and soft, there was no tenderness in any part; a mass of egg-size could be felt to the left of umbilicus; it was easily movable and not tender. Careful mouth feeding was ordered, fluid and semi-fluid, but it again caused vomiting and had to be abandoned. Meanwhile, watery stools with mucus and blood were voided, several a day. The tumor changed its position so that it came to lie below the umbilicus, but it changed in no other respect.

Two days after admission to the hospital the belly was opened with the expectation of finding an intussusception, which was causing some obstruction, but not occlusion. The operation disclosed a large gland in the mesentery of the ilium and close enough to the spine to press on the mesenteric veins and partially occlude them. The intestine served by these obstructed veins was thick, edematous and in a state of congestion. As it was impossible to remove the gland without either rupture or injury to the veins, and as, if it was left it soon must itself break and pour its contents into the peritoneum, producing tuberculous peritonitis, it was decided to remove the gland and all the mesentery and intestine served by the obstructed veins; 53 cm. of the intestine, with its mesentery was resected. A Murphy button was used to make the anastomosis after the resection.

My own original examination of the child had been superficial. She was brought to me because of increasing difficulty in going up hill, or up stairs. Her muscular weakness was plainly seen, her thick legs were equally obvious, a brief examination excluded a bone or joint lesion, and her climbing up her legs, in getting up from the floor, changed a suspicion into an opinion and I sent her away as I could do nothing for her and I did not care to take the responsibility of a neurologic diagnosis.

Dr. Moffitt did examine the abdomen and found nothing in it, nor was there any suggestion of the abdominal state until the sudden onset of pain, obstipation and vomiting. As will be seen from the pathologist's report there were some small lymphatic glands in the wedge-shaped piece of mesentery removed and these could not have been felt through the abdomen. The gland which caused the obstruction must have been the seat of an acute inflammation and rapidly enlarged between the time of Dr. Moffitt's first examination and the onset of abdominal symptoms. These symptoms could suggest nothing but intussusception, and no real doubt of the accuracy of the diagnosis existed until the belly was opened.

Tumors of the mesentery, malignant or otherwise, habitually or, at any rate not unfrequently, interfere with the circulation in the intestine. If the tumor is among the *vasa tenuis*, when the collateral circulation is so remarkably free, the interference will count for nothing. If it be above the *vasa tenuis*, it may easily cause the congestion of a certain length of intestine and this congestion may result in complete stasis of the blood and end in gangrene.

If the tumor press on and occlude the trunks of the mesenteric vessels, gangrene of the whole intestine naturally follows. During the period of congestion intestinal contents can pass only with difficulty through the swollen turgid part of the gut, and mucus and blood are quite certain to be poured into the intestine, and to be evacuated, leading most naturally and commonly to the idea of an intussusception. The removal of such an obstructing tumor necessitates the resection of the intestine for the fact that it has seriously disturbed the intestinal circulatory integrity showing that that particular part of the gut is actually doomed, and is in process of having the sentence executed.

After the operation the child did reasonably well until we came to feed her by the mouth—though the mucus and blood persisted in the stools. Mouth feeding was begun on the third day after the operation and continued 3 days without trouble; then the child vomited, and again on the next day. On the 5th day of the mouth feeding the child was somewhat stupid, but complained of tenderness in the belly. The temperature was going up day by day and the leukocytosis began to go higher. On the 6th day the belly became distended, there was much tenderness and the knees were drawn up. The temperature was 39.6°, but the leukocytosis was 3000 lower than the 5th day, being 15,000.

It seemed now impossible to avoid a diagnosis of peritonitis, and with the idea of localizing the process the mouth feeding was stopped and the rectal feeding resumed. By the following day the improvement was so great, the distension and tenderness gone, the temperature normal and the leukocytosis down to 12,400, that the peritonitis idea was abandoned and mouth feeding resumed. This only served to make her worse, with return of distension and tenderness, the belly being quite tight. The temperature also went up again, but the leukocytosis remained low.

It was noted, however, that while the belly was swollen and tight and tender there was no muscular spasm or rigidity, and of this I felt sure, even making allowances for the muscular atrophy which was part of her pseudo hypertrophy. A radiogram taken at this time showed the button turned on its side and moved but little from its original location.

A diagnosis under these circumstances must lie between a peritonitis with a low leukocyte count, 9600, and no muscular rigidity, or an intestinal sapremia due to partial obstruction, and the differentiation was not an easy one.

A low leukocytosis might be understood in a child with a degenerative disease in the first instance, a chronic infection added, and an operation with sec-

ondary acute infection on the top of the other two. Malnutrition due to rectal feeding might be a factor in keeping down the count. It would be, of course, a practical leucopenia and was an understandable possibility. The lack of muscular rigidity might still, in spite of my belief to the contrary, be due to atrophy of the muscular elements in the abdominal muscles, unfortunately I had not thought, at the time of the operation, to take a specimen of muscle for examination, and I had no definite means of estimating the value of its muscular action. I only knew that no action was present, a condition that might have positive or negative value in the diagnosis.

Now, counting these two symptoms as against a peritonitis, that is, giving them their face value, the evidence in favor of peritonitis was only the distension, the tenderness and the high temperature, 39.2°. As against peritonitis, we might count with the low leukocytosis and the lack of rigidity, the persistence of the diarrhea, with blood and mucus the chief elements in the stools, and the persistence of intestinal gurgling. For if there was a peritonitis it should be extensive and severe, and intestinal paralysis should be present. In addition, there had been a too rapid disappearance of all symptoms upon the stopping of mouth feeding. An acute peritonitis, with severe symptoms, does not disappear in 24 hours merely because of abstention from food by the stomach.

A diagnosis of sapremia was, consequently, made and the belly was opened to remove the button by an enterotomy. No peritonitis was present. The button was removed, the wound closed and the episode was ended, for the child made an uneventful recovery.

CONTRACT PRACTICE.

The Shasta County Medical Society not long ago adopted resolutions condemning the contract society and lodge practice. Shasta Aerie, No. 160, Fraternal Order of Eagles, adopted a set of resolutions Wednesday evening upholding the system. In answer to these resolutions Dr. O. J. Lawry, president of the Shasta County Medical Society, and Dr. B. F. Wallace, secretary, have made reply in a signed statement published below. In order that both sides may have a hearing, the resolutions and the reply are herewith published in full.

Resolutions.

Whereas, The local newspaper recently published the following resolutions as having been adopted by the Shasta County Medical Society, to-wit:

"Whereas, It is the sense of this body that contract society and lodge practice as now performed is detrimental, degrading and humiliating to the medical profession; therefore, be it

"Resolved, By the Shasta County Medical Society, in regular meeting assembled, that no member of Shasta County Medical Society be permitted to enter into contract relations with such society; and be it further

"Resolved, That no physician in the employ of such societies be eligible to membership in the Shasta County Medical Society. Be it further.

"Resolved, That no member of the Shasta County Medical Society be permitted to consult with any physician following such contract practice."

And, Whereas, The Fraternal Order of Eagles is a fraternal benefit association, founded upon the principles of liberty, justice, truth and equality, and having for its objects the care of its sick and distressed members and the protection from want of the widows and orphans of its deceased members;

And Whereas, For the accomplishment of these purposes, it is necessary to have at all times a competent physician who believes in the cardinal principles of our order;

And Whereas, The manifest purpose of the published resolutions is to prevent, by intimidation and professional ostracism, any physician in Shasta County and within the jurisdiction of the medical society from entering into a contract with the Aerie or any other fraternal organization;

And Whereas, We regard the position assumed by the medical society as an arrogation of the right to dictate to this Aerie and like organizations the terms upon which it may carry out the purposes for which it was formed, and that, if any medical society had this power, all work of charity and brotherly love through fraternal organizations and homes, such as those as the Odd Fellows, Masons, Young Men's Institute, Foresters, Eagles and many other institutions of like character, must suffer thereby when such medical society sees fit to adopt a higher scale of prices;

And Whereas, The Fraternal Order of Eagles will not permit any society or association or set of men to dictate on what terms the members of this order shall be protected, or what will be the conditions of the contract between this Aerie and its physician;

And Whereas, Shasta Aerie, No. 160, F. O. E., has a membership consisting of nearly two hundred citizens of this community, pays all its bills, is fully able to take care of each and all and every one of its members, and is and will continue to be actively opposed to any attempt to prevent the accomplishment of its fraternal purposes;

And Whereas, The contract society and lodge practice as now performed is exactly the same in every particular as it has been performed for more than fifty years last past;

Now, therefore, Be it Resolved by Shasta Aerie, No. 10, F. O. E., that the worthy physician of this Aerie be, and he is hereby authorized and empowered to call into consultation with him such consulting physician or physicians of Shasta County or adjoining counties, at the expense of this Aerie, as the exigencies of the case may require, or when he may deem it necessary or expedient for the full and complete treatment or protection of the members of this Aerie.

Adopted by Shasta Aerie, No. 160, F. O. E., at a regular meeting, December 20, 1905.

The Reply.

Redding, Dec., 23, 1905.

As members and officers of the Shasta County Medical Society, acting under instructions of its Executive Committee, and in defense of our action relative to contract lodge and society practice "as now performed," we wish to correct the misapprehension of its motives and purposes as voiced in the resolutions of Shasta Aerie, No. 160, Fraternal Order of Eagles, adopted December 20, 1905, condemning our action. In the first place, we wish to deny that our action was aimed at fraternal orders or any particular physician now doing lodge contract practice, as our resolutions do not go into effect until January 1, 1906, and several physicians now serving in the capacity of lodge physicians are members of the Shasta County Medical Society.

We would also most emphatically disclaim any attempt to "dictate to the Shasta Aerie or like organization the terms upon which it may carry out its purposes," but we submit that as medical attention to its members is one of its principal features, medical opinion could not fairly be ignored when arrangements for such services were being considered. If they wished to secure lights for their hall, they would have to consult the Northern California Power Company. If they need groceries for any of their members or stationery or seals or any other lodge furniture, they would certainly have to consult the people dealing in such commodities. But if they want the services of a physician, judging from their